

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	INO.	DEP.	INO.	DEP.	INO.	DEP.				INO.	DEP.
1							61				
2							62				
3							63				
4							64				
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40							100				
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46											
47											
48											
49											
50											
TOTAL	INO.	4					TOTAL	INO.			
TOTAL	DEP.	35					TOTAL	DEP.			
TOTAL							TOTAL				